To: richard@perle.org
Fcc: DSB, TXT
cc: K2UYG@aol.com (Bill Schneider)
Subject: Meeting with DPB and SecDef yesterday
Reply-to: lederberg@mail.rockefeller.edu

Dear Richard

Thank you for giving me the opportunity to meet with you yesterday.

It was also helpful to me to focus on prioritizing the bottom line issues, and those that are the particular responsibility of the SecDef. I do get heavily involved in the technical detail that relate to my professional persona; and we face many new challenges that cut across traditional lines of authority and responsibility. I take the opportunity to summarize the main points I made to SecDef, when you gave me that opportunity.

(I am also copying this to Bill Schneider, for his information).

is there a list of DPB membership, or a bio booklet?

Major policy concerns relating to the management of the threat of biological attack on the US homeland.

o Strategically, deterrence of Iraqi (and the like) employment of bioweapons needs to be a central concern. We have to assume they have ample capabilities and are actively enhancing them. Do we have a CONOPS of selective punitive and disempowering strike-targetting that will be useful above and beyond what we may already have committed to the overthrow of the regime? We must make serious plans for a range of contingencies, from tactical use of BW on the battlefield, or against Israel (and what might predictably transpire from that) to a maximum hit on US populations. "We'll just nuke 'em" hardly answers to that planning requirement. What are the most effective declaratory policies to shape the intentions of those on whom Saddam relies to carry out his orders?

If we don't plan ahead, we may find ourselves in spasm mode.

o During transition of authority to DHS, hazards of gaps in time and managerial space before handover can be consummated. DoD still has primary responsibility for CONUS base protection, and there will be ill-defined interface between base-boundaries and dependent housing and other embedments in community. When DHS is stood up, major coordination with DoD will still be needed: retain and bolster the capacities of DoD units to participate in master-planning, and provide in support appropriate to its continuing role. There may be an ill-founded expectation, let DHS take care of it all.

o I have to express personal concern that the proposed splitting of public health now vested in

HHS is grossly unwise. Response to disease is a continuum, with intricate technicalities. Better approaches can be devised to ensure that security-mindedness is high in DHHS consciousness.

o DoD forces will ever be last resort in event of mega-disruption of civil functions; and that needs to be planned for - logistically, operationally, lines of authority.

o Until DHS capacities are worked out, Army has major capabilities for dealing with anthrax vaccination, treatment protocols, early detection and warning (preeminently USAMRIID). In collaboration with CDC they are also doing vitally important work in the exploration of antiviral chemotherapy for smallpox.

o To sustain a global regime of non-use of BW, shaken but not destroyed by the anthrax attacks last fall, we need to engage our partners round the world. Many of them are far from convinced how serious is the threat of BW to their own civil order. This speaks to enhanced public diplomacy, including:

> oo explaining our ongoing commitment to the BW, and why we rejected the verification protocols. What do we constructively offer in their place? I concur that enforcement, not verification, of the BWC is the central issue.
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> oo US commitment to the positive side of campaign against global infectious disease

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